



# Myth of Asians as the Model Minority

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# Myth of Asians as the Model Minority

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- API suffer from the image they hold as the “model minority”
- “Model minority” suggests that API are economically and academically successful, as well as mentally and physically sound
- This stereotype presents a false picture, and consequently health and social service programs are not targeted to these communities



# Asian Pacific Islander (API) Population Profile

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- API are the fastest growing minorities in the country
- 12.5 million API in the U.S. (4.4% of U.S. population)
- 2/3 of U.S. Asians are foreign-born, representing over 50 national ethnic origins, each with distinct cultures, languages, and dialects

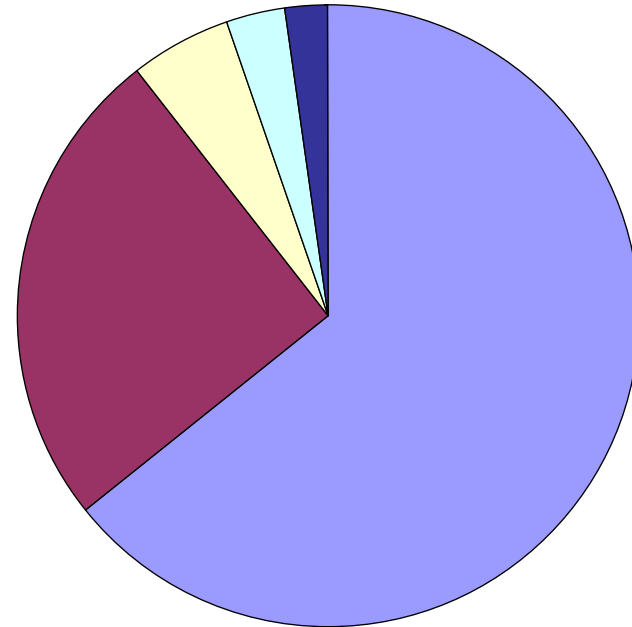


# Arizona API population Profile

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- Non-Hispanic white-  
3,608,747 (64.1%)
- Hispanic or Latino-  
1,424,357 (25.3%)
- American Indian-  
292,753 (5.2%)
- African American-  
185,786 (3.3%)
- Asian Pacific Islanders-  
118,277 (2.1%)

Total Arizona residents- 5,629,870



Bureau of Public Health Statistics 2003



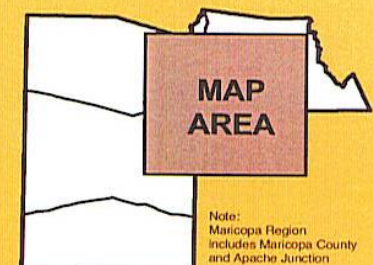
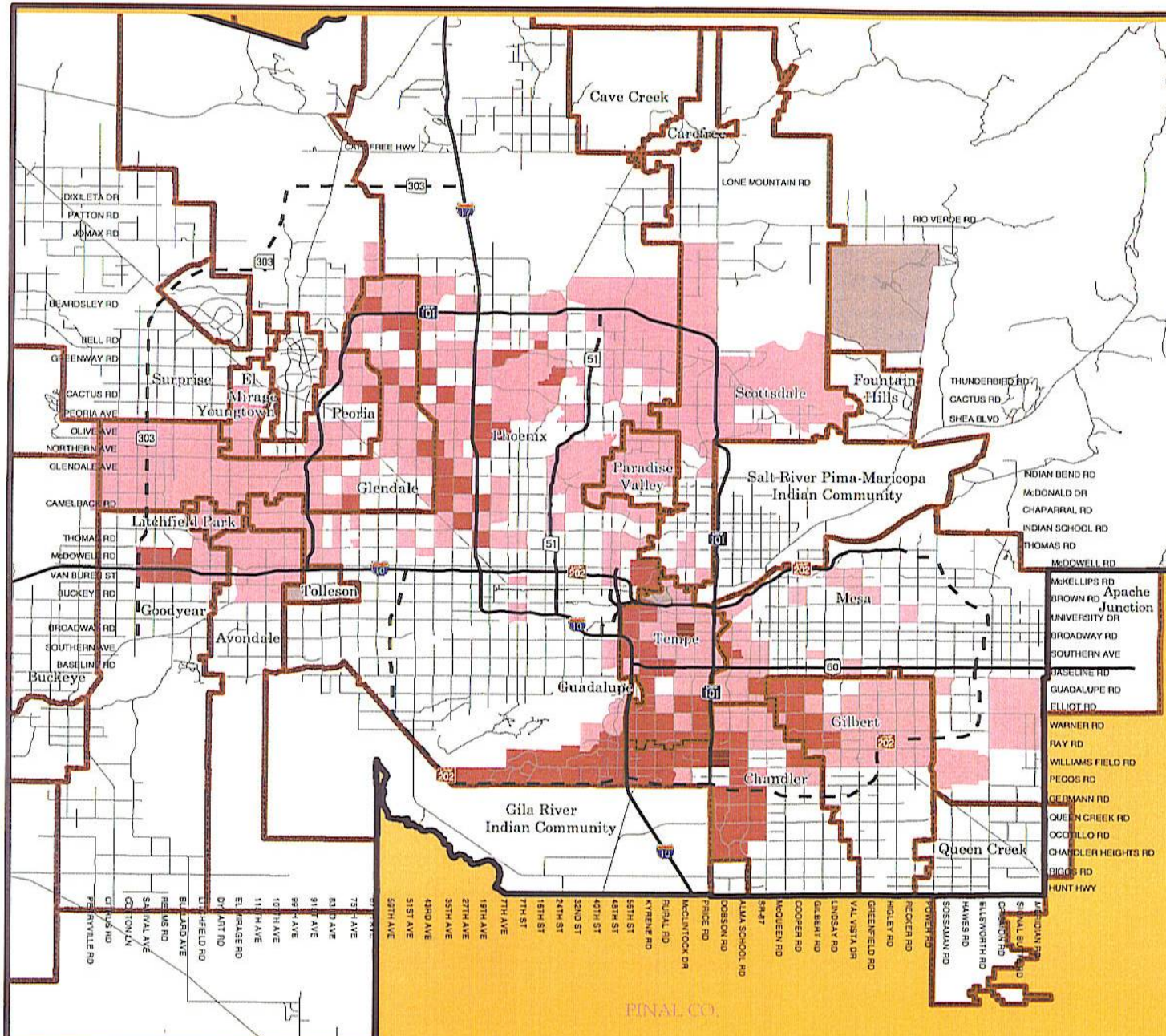
# ASIAN OR PACIFIC ISLANDER POPULATION

(Year 2000 Census)  
Maricopa Region, Arizona

Percent of Total Population  
(Maricopa County Average = 2.31%)

- Less than 2%
- 2% to 4%
- 4% to 10%
- More than 10%
- Insufficient Data
- Municipal Planning Area
- Maricopa County
- Major Roads

Freeways/Expressways  
— Existing  
- - Planned



Source: 2000 Census, Tract level data

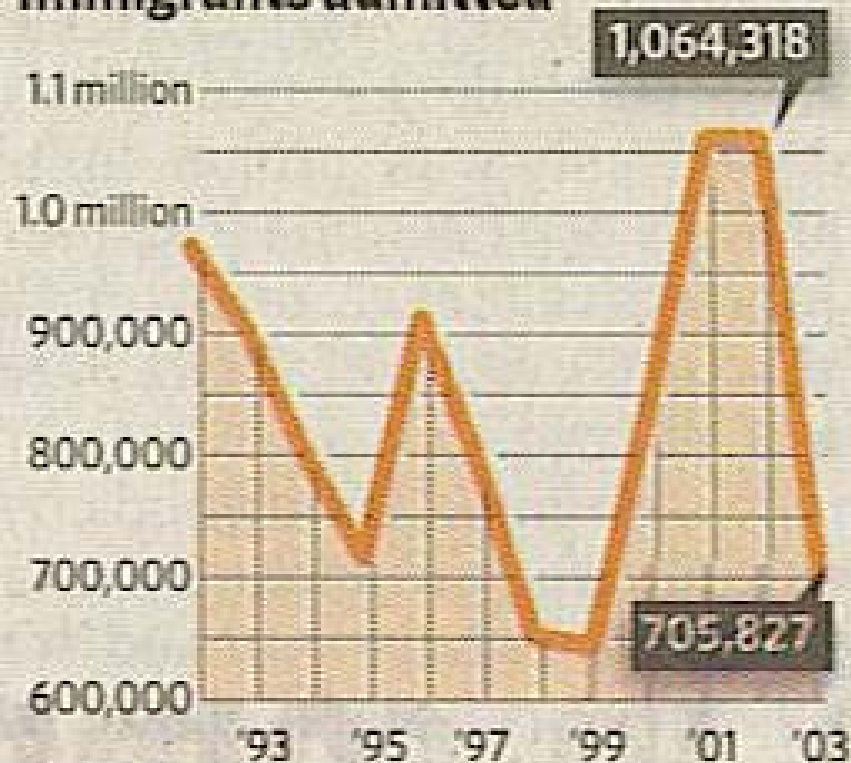
Map Prepared by Maricopa Association of Governments

December 2002

0 5 10 15 Miles



## Immigrants admitted



## Immigrants' home countries

*Residency applicants*



\* Includes Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

Sources: Department of Homeland Security and Immigration Yearbook, Fiscal Year 2003

Gannett News Service





# API Socioeconomic Profile

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- API are more likely than non-Hispanic whites to have earned at least a college degree
- API are also more likely to have less than ninth grade education
- Similar proportions of API and non-Hispanic white families have incomes of \$75,000 or more



## API Socioeconomic Profile (continued)

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- API families are also more likely to have incomes less than \$25,000
- API are more likely to live in poverty than non-Hispanic whites
- One out of every ten API live below the poverty level

U.S. Census Bureau, March 2002



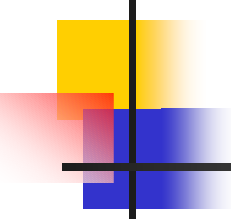


# API Health Profile

## (heart disease, diabetes)

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- Over 25% of API women have high blood cholesterol
- In Arizona, Asian men have the highest rates of all populations and gender in reported cases of stroke
- In Arizona, Asians rank second highest for mortality from hypertension



# API Health Profile

## (heart disease, diabetes continued)

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- The general prevalence of diabetes in API is 2.4%
- However, Fujimoto and CDC both reported rates of up to 20% in certain ethnic groups, especially the second generation of Japanese American
- Native Hawaiian have a diagnosed diabetes rate twice that of Caucasian in Hawaii
- 65% of API women lead sedentary lives

# Ma-jung exercise





# API Health Profile (cervical cancer)

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- Only 67% of API women have ever had a PAP smear, and only 58% have had one within the previous year
- Vietnamese American women have a cervical cancer rate of 43 cases per 100,000. The next highest incidence group would be Latino women with 17.1 cases per 100,000



# API Health Profile (breast cancer)

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- When Asian women migrate to the U.S., their risk of breast cancer increases up to 80%, rapidly approaching the rates for Caucasian women
- Those Asian American women that were born in Asia are more likely to have tumors larger than 1 cm than those born in U.S. (Am. J.P.H. 1999 Hedeem, White & Taylor)









# API Health Profile

## (Breast Cancer continued)

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- Native Hawaiian have a breast cancer incidence rate more than 1.5 times that of Caucasian women (DHHS 1998)
- Only 48.5% of API women age 50 and older have had a clinical breast examination and mammogram within the previous two years

## NATION

## New breast-cancer cause found

2nd-hand smoke  
citing may lead  
to rule changes

By John Ritter  
USA Today

**SAN FRANCISCO** — Scientists at an influential California agency have concluded that secondhand smoke causes breast cancer, a finding that could have broad impact on cancer research and lead to even tougher anti-smoking regulations.

Although recent studies have linked smoking to breast cancer, no major public health group, including the American Cancer Society, Centers for Disease Control and Prevention and National Cancer Institute, has declared it a cause of

the disease that kills 40,000 women annually in the USA.

In a state that already has the nation's most restrictive smoking laws, the finding by scientists for the Air Resources Board could encourage a state ban in an unregulated domain: vehicles carrying children. It could fuel workplace smoking prohibitions in more states and refocus the scientific debate over the association between smoking and breast cancer.

"I have to say without reservation it will stimulate continued and accelerated scientific evaluation of the smoking and breast cancer issue," says Terry Pechacek, associate director for science in the CDC's office on smoking and health.

A scientific review panel is expected to approve the report as early as Monday and forward it to the Air Resources

Board, which has broad state authority to regulate air pollution. The board's early auto emissions rules set the standard across the country.

The 1,200-page report analyzes new data on the extent of Californians' exposure to secondhand smoke and more than 1,000 studies of health effects from secondhand smoke.

The conclusion that secondhand smoke causes breast cancer, particularly in younger women, challenges conventional scientific thinking because most studies have found no link between active smokers and breast cancer, much less secondhand smoke.

But California scientists based their conclusion on recent human studies that they determined had more careful assessments of exposure to tobacco smoke.

Overall, the report said

women exposed to secondhand smoke have up to a 90 percent greater risk of breast cancer. Secondhand smoke kills as many as 67,700 people a year in the USA, the report says.

The report did not estimate the number of additional new breast cancer cases annually, and scientists did not calculate risk levels based on doses of secondhand smoke.

Tobacco companies told the board that the report gives little weight to studies that found no breast cancer connection.

A new Surgeon General's report on secondhand smoke is expected this year. How it will address breast cancer hasn't been made public.

"The topic is still under review," says the report's scientific editor, Jonathan Samet, an epidemiology professor at Johns Hopkins University.



# API Health Profile (osteoporosis)

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- 65% of postmenopausal Asian American women have low bone mineral density, the highest rate for all racial groups (National Osteoporosis Risk Assessment)
- 90% of Asian suffer from lactose intolerance
- 65% API women lead sedentary lives











# API Health Profile (Tobacco)

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- In 1994, the CDC reported that Asian Americans were not at risk for tobacco because the smoking rate for API was only 13.9%
- NAWHO's "Smoking Among Asian Americans", a national tobacco survey done in 1998, showed that 34% of Vietnamese and 31% of Korean American men were smokers
- 36% of both Vietnamese and Korean American women reported living in a household with one or more smokers
- Lung cancer is leading cause of preventable death among Asian American women over age fifty-five



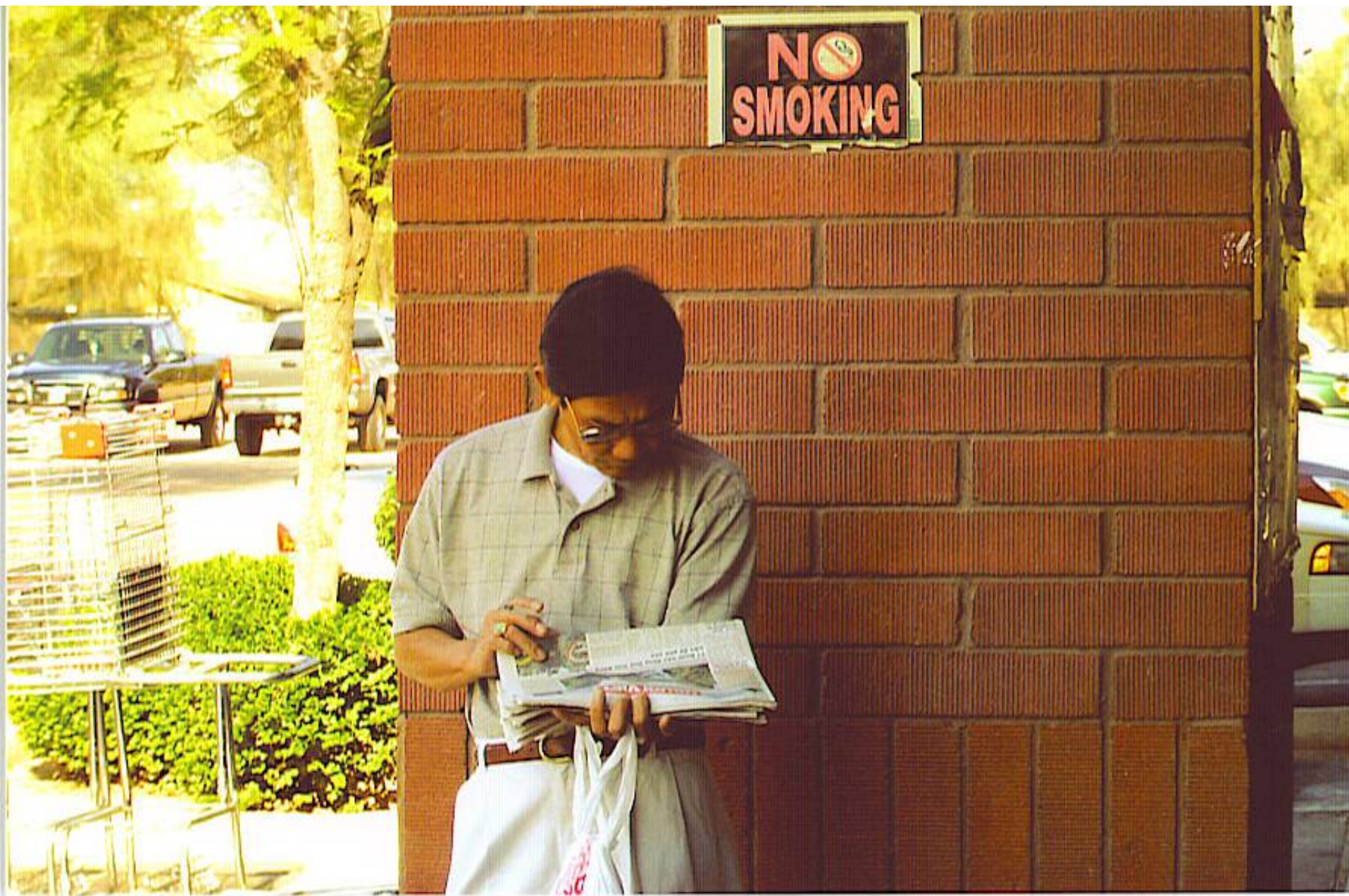


# API Health Profile

## (Tobacco continued)

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- The 2001 National Youth Tobacco Study showed an alarming increase of smoking among both API boys and girls from 7<sup>th</sup> and 12<sup>th</sup> grade, the greatest increase among all ethnic groups
- One in five Vietnamese and Korean Americans did not know that smoking is cause of heart disease, chronic obstructive pulmonary disease, and lung cancer (NAWHO Survey)
- 34% of Vietnamese American did not know that smoking tobacco was addictive (NAWHO Survey)





# API Health Profile (mental health)

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- Young Asian American women (15-24 yo) have nation's highest rate of depressive symptoms (30%) and second highest rate of suicide
- Asian Americans do not verbalize their psychosocial problems and are more likely to present with psychosomatic symptoms



# API Health Profile

## (mental health continued)

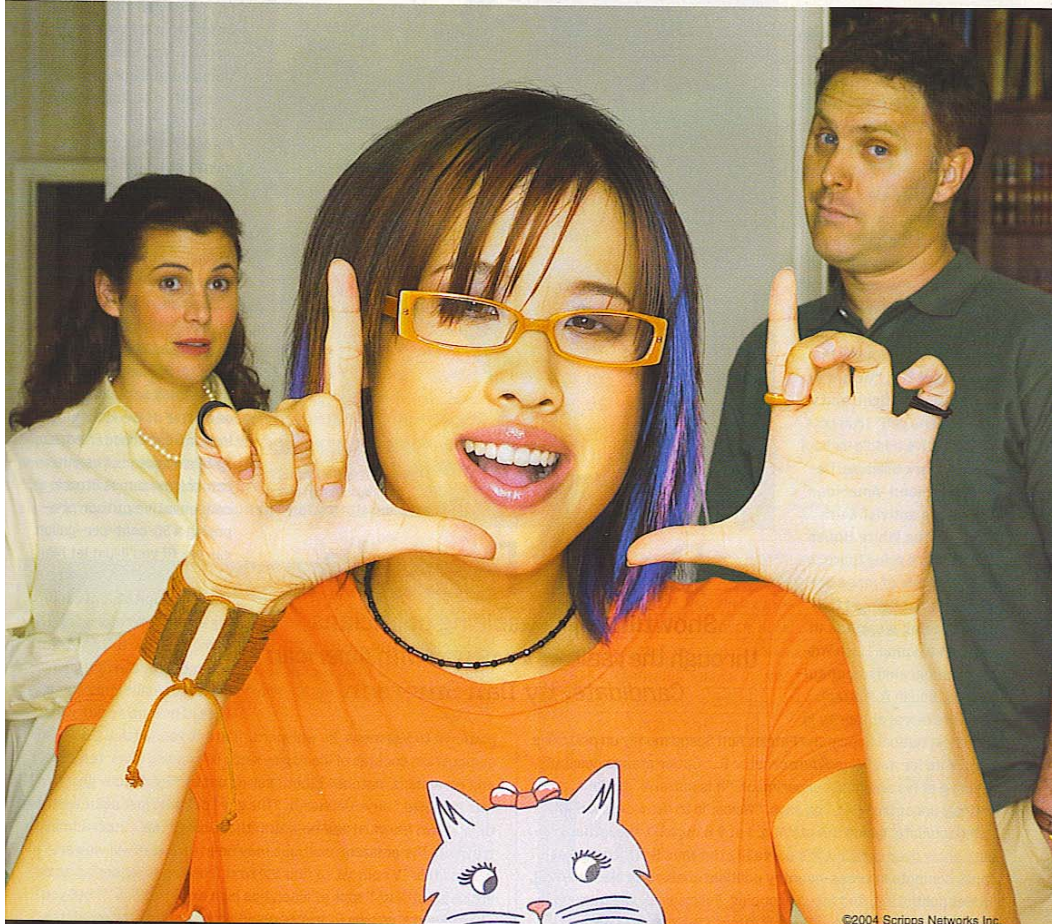
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- Asians are vulnerable to stressors such as immigration status, adapting to new culture, and ethnic isolation
- Southeast Asians refugees may develop depression resulted from having witnessed or been victims of violence (Vietnamese, Cambodians)
- Young Asians often have different goals and aspirations, which may not meet parental expectations





they hired a designer with vision.  
a designer with style.  
a designer with one semester to go before graduation.



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# API Health Profile (domestic violence)

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- Domestic violence is underreported
- Massachusetts data from 1997 show that Asian Americans comprise 18% of those killed from domestic violence, but only represent 3% of the population
- Santa Clara County, CA has 17.5% API. Between 1995 and 1997, there were 51 deaths related to domestic violence; one-third of the deaths were Asian women



# API Health Profile

## (Infectious disease, TB, HIV)

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- Incidence of TB is highest among API at 41.6 per 100,000 compared to 2.8 to Caucasians
- Gay API males do not perceive themselves as being at risk for HIV
- Since 1985, more than 250,000 AIDS-related deaths have been reported in Thailand
- Over one million people in China are infected with HIV

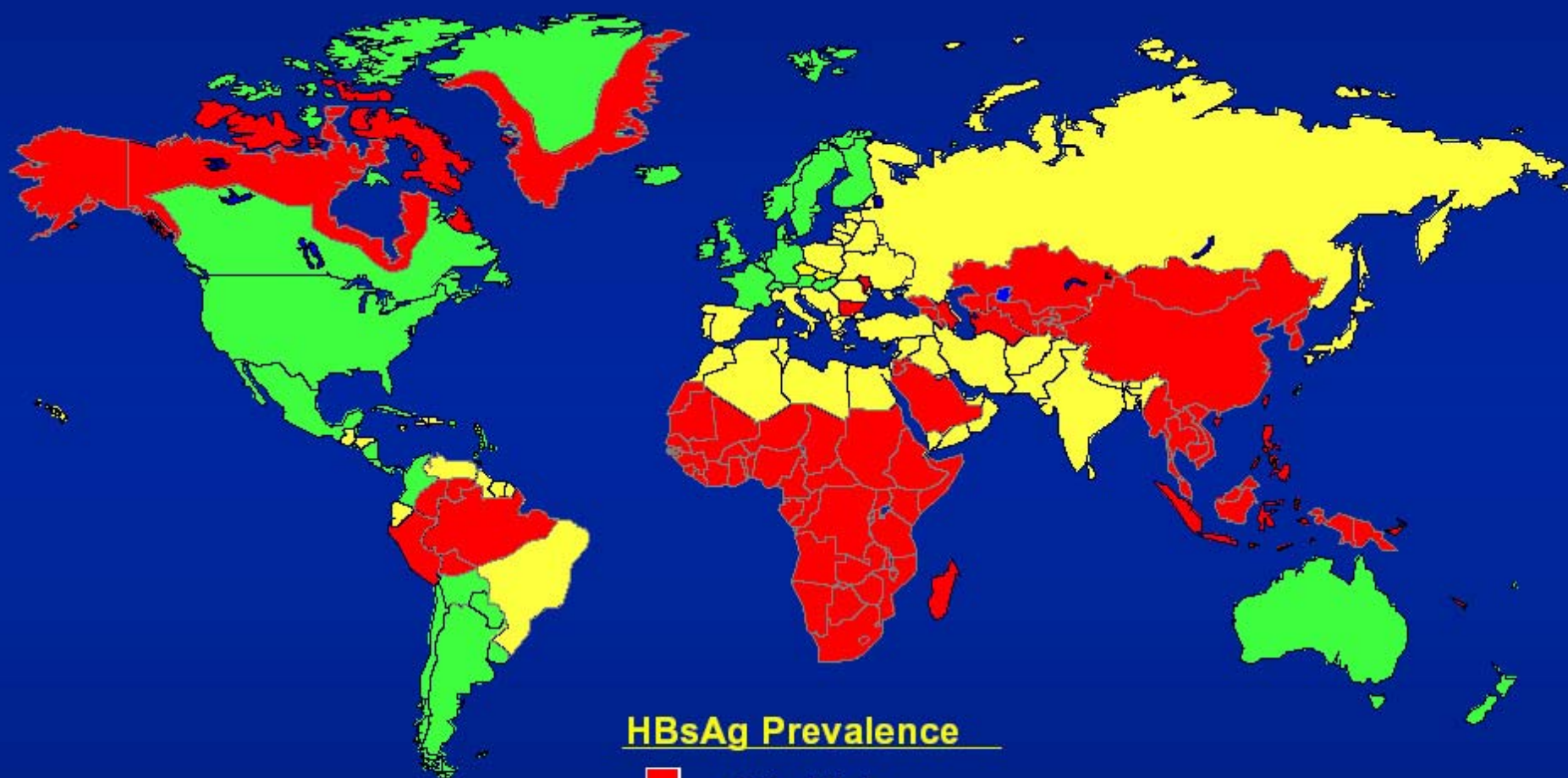


# API Health Profile

## (infectious disease, hepatitis B)

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- World Health Organization (WHO) estimates that:
  - 400 million people worldwide are chronically infected with hepatitis B
  - 170 million people with chronic hepatitis C
  - 47 million people with HIV/AIDS
- 75% of HBV carriers live in Asia
- Chronic HBV infection rates in U.S. and Western Europe are 0.1 to 0.5%
- In Asia and Pacific, chronic HBV infection rates range from 5 to 20%



### HBsAg Prevalence

- ≥8% - High
- 2-7% - Intermediate
- <2% - Low



# API Health Profile

## (infectious disease, hepatitis B)

### Hepatitis B

Reported to Arizona Department of Health Services

*Data are provisional; analysis based on 1/5/2005 data*

### Arizona

	Acute Hepatitis B	Chronic Hepatitis B	Acute Rate/100,000 pop	Chronic Rate/100,000 pop
2004	314	1347	5.6	23.9
2003	283	1085	5.0	19.3
2002	252	1126	4.6	20.6
2001	164	1503	3.1	28.3
2000	212	894	4.1	17.4
1999	137	1015	2.8	20.6
Median	232	1106		

*Chronic Hepatitis B data (1999-2004):*

Race is unavailable in 75% of reported cases.

Of remaining 25%, 18.6% are listed as "Asian/Pacific Islander".



# API Health Profile

## (infectious disease, hepatitis B)

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- HBV is 50-100 times more infectious than HIV
- Spread of HBV in Asians are usually from vertical transmission, mother to child at time of birth





# API Health Profile

## (hepatitis B continued)

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- 1 million people die each year from disease related to hepatitis B
- CDC estimates that 1.25 million Americans are chronically infected with hepatitis B; more than 50% of HBV cases in the U.S. are among Asians
- According to the CDC, one out of every 1000 Americans has the virus, whereas one in 10 Asian-Americans has the hepatitis B virus



# API Health Profile

## (hepatitis B continued)

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- One out of every four people infected with chronic hepatitis B at birth, or during early childhood, will die from HBV-related liver cancer or cirrhosis
- Since more than 2/3 of HBV cases have no symptoms, HBV is also known as a "Silent Killer"



# API Health Profile (Hepatitis B/Liver Cancer)

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- The greatest health disparity between Asian Americans and Caucasian Americans is liver cancer
- 80% of liver cancer in Asian Americans is caused by chronic hepatitis B virus infection
- Liver cancer rates for API versus Caucasian males:
  - 13 times higher in Vietnamese Americans
  - 8 times higher in Korean Americans
  - 6 times higher in Chinese Americans



# Hepatitis B Transmission

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- HBV is found in
  - Blood
  - Tears
  - Saliva
  - Semen
  - Vaginal secretions
  - Milk



# Hepatitis B Transmission

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- Transfusion
- Percutaneous transmission
- Sexual transmission
- Health care environment
- Transplantation
- Other







# Hepatitis B- Vaccination

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- 2000 Advisory Committee on Immunization Practices (ACIP) Guidelines:
  - Newborns
  - Previously unvaccinated children up to age 18
  - Sexually active people with multiple partners
  - High risk groups
    - Healthcare workers
    - IVDA
    - Family member with hepatitis B



# Hepatitis B-Treatment

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- Goal of treatment
  - Suppress HBV replication and liver inflammation
  - Conversion to non-replicative state, so-called carrier state, where no detectable virus and no inflammation in liver
  - Prevent progression to cirrhosis
  - Improve morbidity and mortality



## Hepatitis B-Treatment (continued)

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- Interferon
- Lamivudine
- Adefovir





# **APCA's hepatitis B awareness initiative:**



# APCA's Hepatitis B Initiative

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- APCA is the local partner to further the goals of the Jade Ribbon Campaign sponsored by the Asian Liver Center at Stanford University
- APCA organized November 12, 2004 Health Forum entitled, "Hepatitis B, The Silent Killer", with keynote speaker, Dr. Samuel So, Director of Asian Liver Center
- APCA is also partnering with Asian Pacific Health Center in San Diego to develop hepatitis B program in Phoenix
- In May 2005, APCA to start hepatitis B education outreach program targeting local API









HIV/AIDS

- 20-40 million chronically infected worldwide, 1/3 live in China
- 1 million die every year (more than 10% of deaths)
- In China, 1-2 million (10%) of the population have chronic HIV, highest incidence in Guangdong Province (12%)

Source: UNAIDS, 2007



# Asian Pacific Community in Action

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Mission Statement:

To cultivate systemic change that will  
empower Asian Pacific Islanders in the  
area of health and education



# Asian Pacific Community in Action

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- Background/History:
  - Established in 2002 as an outgrowth of the Chinese Linguistic School of Phoenix (CLSP) outreach and education health program
  - CLSP convened an advisory working group to establish the 501c3, non-profit organization and received non-profit status September 2002
  - In partnership with the Asian Health Initiative (AHI) Coalition



# Asian Health Initiative Coalition Members:

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- ADHS
- AHCCCS
- American Heart Association
- Area Agency on Aging
- ASU-APAS
- Banner Desert
- Care 1<sup>st</sup> AZ
- Korean Culture & Education Center of AZ
- Maricopa County Dept. of Public Health
- Maricopa Integrated Health System
- U of A- College of Public Health
- ValueOptions
- West Valley Hospital



# Asian Pacific Community in Action

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- Accomplishments:
  - Through support from ADHS Tobacco Education and Prevention Programs, the first Asian Health Fair took place in April 2003 in Chandler in the Lee Lee Oriental Supermart parking lot
  - Completed the first Asian health needs assessment that targeted Chinese and Vietnamese communities in July 2003





# Asian Pacific Community in Action

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- Accomplishments (continued):
  - October 2003, APCA organized the first Asian Health Forum, which helped Arizona service providers to learn from existing programs in the Los Angeles area
  - April 2004, APCA organized the first breast cancer awareness education and screening event targeting the API community



# Asian Pacific Community in Action

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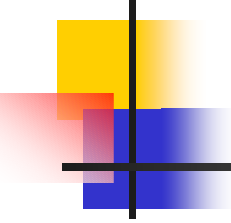
- Accomplishments (continued):
  - November 2004, APCA organized the second Asian Health Forum, "Hepatitis B, the Silent Killer"
  - December 2004, APCA completed the second Asian health needs assessment targeting the Korean and Filipino communities



# Asian Pacific Community in Action

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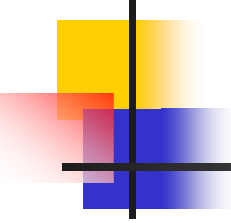
- Current Work:
  - APCA is conducting community health education outreach/screening events monthly at the community festivals, Lee Lee Oriental Supermart
  - APCA staff is currently adapting existing Community Lay Health Worker curriculum to meet the needs of our local API community
  - Development of a hepatitis B health education outreach, screening and vaccination program



# Recommendations for hepatitis B

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- 2004 Comprehensive Cancer Control report in California identified the following two goals for this decade:
  - By 2010, reduce hepatitis B infection by 99% and increase the survival rate of primary liver cancer by 20%.
  - By 2010, all Asian/Pacific Islanders should be screened for hepatitis B to decrease the liver cancer mortality rate among Asian/ Pacific Islanders.



# Recommendations for hepatitis B (continued)

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- San Francisco Department of Public Health and the Stanford Asian Liver Center have developed a “3 for Life” pilot project
- Participants will get screening for hepatitis B (HBsAg & HBsAb) and vaccination for hepatitis A and/or B



Options	Regular Cost	Cost for Non-SF Resident	Cost for SF Resident	Description of Vaccination Series
Hepatitis A Vaccination Series + HBsAg, HBsAb	\$200	\$90	\$45	2 shots, 6 months apart
Hepatitis B Vaccination Series + HBsAg, HBsAb	\$254	\$180	\$60	3 shots, at 0, 1, and 6 months
Hepatitis A & B Vaccination Series + HBsAg, HBsAb	\$329	\$270	\$90	3 shots, at 0, 1, and 6 months



# Recommendations for other health disparities

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- Community Education
  - Conduct community outreach and education
  - Develop bilingual educational materials in API languages
- Community Training
  - Provide and train medical interpreters in API languages
  - Provide and train community mobilizers in the area of assessment, education, and referral



# Recommendations for other health disparities

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- Screening and Services
  - Establish partnership with local clinics for API individuals
  - Provide low-cost screening and follow-up services for high risk diseases



# Asian Pacific Community in Action

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- Funding:
  - St. Lukes' Health Initiative
  - Nina Mason Pulliam Charitable Trust
  - Arizona Community Foundation
  - Valley of the Sun United Way
  - Arizona Department of Health Services
- Office space donated by Chicanos Por La Causa
- Office space donated by Lee Lee Oriental Supermart



# Asian Pacific Community in Action

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- Out of State Partnerships:
  - Asian Liver Center, Stanford University Medical Center
  - Asian Pacific Health Center, San Diego
  - PALS for Health, Los Angeles



